

03/Mar. 9. 2011.10:15AMx 4806719660 Aurora House

No. 6023 P. 1013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  004903	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  R-C 02/16/2011
NAME OF PROVIDER OR SUPPLIER  BELL OAKS TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630		
(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IF PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(R 000)	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the investigation of Complaint IN00084710 completed on January 13, 2011.</p> <p>Complaint IN00084710 Corrected</p> <p>Unrelated state residential findings are cited at R 0217 and R 024B.</p> <p>Survey date: February 16, 2011</p> <p>Facility number: 004903 Provider number: 004903 AIM number: N/A</p> <p>Survey team: Anne Marie Crays RN</p> <p>Census bed type: Residential: 46 Total: 46</p> <p>Census payor type: Other: 46 Total: 46</p> <p>Residential sample: 4</p> <p>These state residential findings are in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed 2-22-11 Cathy Emswiler RN</p>	(R 000)	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts, alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p>	
R 217	<p>410 IAC 16.2-5-2(e)(1-5) Evaluation - Deficiency</p> <p>(e) Following completion of an evaluation, the facility, using appropriately trained staff members, shall identify and document the services to be provided by the facility, as follows:</p>	R 217	<p>Citation #1 R 217 410 IAC 16.2-5-2 (e) (1-5) Evaluation What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? Resident A, C, and D had their service plans</p>	

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R 217	Continued From page 1  (1) The services offered to the individual resident shall be appropriate to the: (A) scope; (B) frequency; (C) need; and (D) preference; of the resident. (2) The services offered shall be reviewed and revised as appropriate and discussed by the resident and facility as needs or desires change. Either the facility or the resident may request a service plan review. (3) The agreed upon service plan shall be signed and dated by the resident, and a copy of the service plan shall be given to the resident upon request. (4) No identification and documentation of services provided is needed if evaluations subsequent to the initial evaluation indicate no need for a change in services. (5) If administration of medications or the provision of residential nursing services, or both, is needed, a licensed nurse shall be involved in identification and documentation of the services to be provided.  This RULE is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure service plans were updated regarding frequent falls, for 3 of 4 residents reviewed who had wanderguards and had fallen, in a sample of 4. Resident D, Resident A, Resident C  State findings include:  1. On 2/16/11 at 12:45 P.M., the Administrator provided the current facility policy on "Resident Falls Management," dated 6/2008. The policy included: "The Residence Director in consultation		R 217	How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be affected.  What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence Director, Wellness Director, and/or Designee were re-educated to our policy and procedure concerning fall management, service planning, and the mobility management tool. The Wellness Director and/or Designee will review residents utilizing the mobility management tool on an ongoing basis, no less than quarterly to identify residents considered to be at risk for falls. Residents considered to be at risk for falls will be identified on the task sheet for staff to monitor to ensure safety. Residents will also have their service plans updated to reflect interventions developed through our "interdisciplinary team approach" in effort to minimize the risk for future falls.  How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Wellness Director or designee will perform a random weekly review of residents who are considered at risk for falls and/or residents who have fallen on an ongoing basis to ensure appropriate interventions are updated on the service plan. Findings will be reviewed and corrected through our QA process.	

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NAME OF PROVIDER OR SUPPLIER

BELL OAKS TERRACE

STREET ADDRESS, CITY, STATE, ZIP CODE

4200 WYNTREE DR  
NEWBURGH, IN 47630

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R 217 Continued From page 2

R 217

By what date will the systemic changes  
be completed?

Compliance Date: 3/31/11

with the Wellness Director is responsible for proper management of resident falls, which consists of: Identifying possible causes; Developing an appropriate plan to minimize recurrence Ongoing monitoring and assistance for addressing the potential for falls...Evaluating and modifying plans to prevent recurrence...this information should be reflected in the resident's Negotiated, Service Plan, Mobility Management Planning Tool, Service Notes....With repeated falls, be sure to consider the following: ...has the Negotiated Service Plan been changed or other interventions implemented to minimize recurrence?...."

2. On 2/16/11 at 8:45 A.M., during interview, LPN # 1 Indicated Resident D required a wanderguard due to his dementia.

The clinical record of Resident D was reviewed on 2/16/11 at 11:15 A.M. Diagnoses included, but were not limited to, Dementia with Paranoia.

The resident was admitted to the facility on 10/12/10. A Nursing Comprehensive Evaluation, dated 10/12/10, indicated the resident required assistance with ambulation "[with] walker," had Dementia, had impaired memory, "has numbness/drop foot bilat [bilaterally]," and "has bone pain on [left] lower [extremity] from fall at [previous facility]." The evaluation indicated, "Res [resident] is alert et [and] oriented to self only...c/o [complains of] pain in [left] hip area from fall at [previous facility]."

A "Folstein Mini Mental Status Examination," dated 10/12/10, indicated he scored 16 out of a possible 30, which indicated "suggestive of impairment."

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R 217	Continued From page 3  A "Mobility Management Planning Tool," dated 10/12/10, indicated, "Has resident fallen in the past 90 days? Yes. If so, ask about the cause of the fall(s) to see what interventions might apply. If resident has fallen more than once, look for patterns in time of day or circumstances of falls... Does resident exhibit poor coordination, difficulty walking, instability, weakness, dizziness, difficulty rising from chair or bed, foot pain or discomfort, or urinary urgency or incontinence? Yes. Does resident have poor vision...? Yes. Does resident have other risks for falling? No. Instructions: ...If ANY question is answered 'yes,' then refer to the Mobility Management Interventions. Choose only interventions that can realistically be accomplished and added to the Negotiated Service Plan. (The NSP should reflect appropriate monitoring and interventions). Update this form with change of condition, or when the NSP is updated...."  A Service Plan, dated 10/12/10, indicated: "...Are you able to use the bathroom independently? No... Do you use any type of assistive device for mobility? Yes. Do you use a walker? Yes..." Other responses to questions regarding mobility were not answered, including: "Have you ever fallen?... Do you need any assistance with mobility?... Do you need reminders to use your assistive device?...". The Service Plan continued: "Do you have trouble recalling the day, date, time, or where you are located? Yes...." A more recent Service Plan was not located in the clinical record.  The Resident Services Notes indicated the resident fell on 11/7/10, 11/30/10, and 12/10/10.  The next entry on the Mobility Management Planning Tool, dated 1/14/11, indicated the same	R 217			

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R 217	Continued From page 4  responses as on the 10/12/10 assessment, with the exception of: "Is resident on a large number of medications or on medications which may cause drowsiness, dizziness, lack of coordination, or may have side effects which could result in a fall? Yes." The entry which indicated, "Does resident have other risks of falling?" was left blank.  Resident Service Notes included the following notations:  1/14/11 (untimed): "Resident sitting on bathroom floor. Wife stated he slid down did not fall. Resident stated [no] pain. No visual injuries. Observed."  2/2/11 at 8:00 A.M.: "Found on floor in sitting position [with] back resting on side of bed. Denies hitting head...No pain...."  2/5/11 at 12:50 P.M.: "Staff member to public rest room [after] heard noise - resident sitting on floor on bottom...Was to use call cord when done- did not use call cord or pendant. He had stood et slid to floor...."  2/5/11 at 4:10 P.M.: "Res was in dining room tried to sit in chair et missed. Didn't hit head - [no] apparent injuries...Will monitor."  2/7/11 at 9:00 P.M.: "[Resident] found on floor in room lying on back. Had gotten out of bed was not hurt got up and was put back to bed."  2/8/11 at 8:00 P.M.: "Res found on bathroom floor. Sm. abrasion on [left] side stated hit head....Sent to [name of hospital]."  2/9/11 at 6:30 P.M.: "Res was sitting in activity rm"	R 217			

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R 217	<p>Continued From page 5</p> <p>[room]. Watching T.V. and slid out of W/C [wheelchair] onto bottom. Sm [small] S/T [skin tear] on [right] elbow noted...."</p> <p>2/12/11 at 1:45 A.M.: Resident found on floor by beside [sic]. Had [no] complaints or injuries...."</p> <p>On 2/16/11 at 10:40 A.M., Resident D was observed sitting in a wheelchair in the dining room.</p> <p>On 2/16/11 at 12:30 P.M., LPN # 1 indicated the facility "was trying to keep [Resident D] downstairs as much as possible" while the resident's wife had been in the hospital "for approximately 2 weeks." LPN # 1 indicated the resident had been requiring the assistance of two staff for transfer, and had been having back pain. On 2/16/11 at 1:05 P.M., LPN # 1 indicated the facility was also trying to do "1 hour checks" on him, and that she thought the family was trying to get him admitted to a nursing home.</p> <p>3. On 2/16/11 at 8:45 A.M., during interview, LPN # 1 indicated Resident A required a wanderguard due to her diagnosis of Dementia.</p> <p>The clinical record of Resident A was reviewed on 2/16/11 at 9:35 A.M. Diagnoses included, but were not limited to, Dementia.</p> <p>The most recent Service Plan, dated 1/27/10, indicated the resident used a walker, and needed reminders to use her walker. A more recent Service Plan was not observed in the clinical record or the Emergency Binder.</p> <p>A Nursing Comprehensive Evaluation, dated 9/3/10, indicated the resident was incontinent of bladder, independent with ambulation with her</p>	R 217			

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R 217	Continued From page 6  walker, had a memory impairment, and had Dementia. The evaluation indicated, "Res is alert et [and] oriented to self only...Incont [incontinent] of [bowel and bladder]. Ambulated [with] slow steady walk via rolling walker...."  The most recent Mobility Management Planning Tool, dated 10/12/11, indicated: "...is resident on a large number of medications or on medications which may cause drowsiness, dizziness, lack of coordination, or may have side effects which could result in a fall? Yes...Does resident exhibit poor coordination, difficulty walking, instability, weakness, dizziness, difficulty rising from chair or bed, foot pain or discomfort, or urinary urgency or incontinence? Yes. Does resident exhibit confusion or dementia? Yes...."  Resident Service Notes included the following notations:  11/19/10 at 10:00 A.M.: "Fell backwards off shower bench during shower hitting back of head. No redness or hematoma...Denies pain...."  12/22/10 at 7:15 P.M.: "Res found on floor of other res, [sic] Denies hitting head...Notified MD and res. daughter."  12/31/10 [untimed]: "Resident on floor between couch and chair sitting up [with] walker on her side. Stated she just fell. Right leg pain [and] knee has scratch on lower leg. Resident stated she was fine. V/S [vital signs] WNL [within normal limits]."  1/2/11 [untimed]: "Fell into the shower at 1:30 am. Notified [ambulance] to transfer...."  1/24/11 [time illegible]: "Resident found per CNA	R 217		

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R 217	Continued From page 7  on Dining Room floor - had been @ her table sitting. Cooperative status unchanged from [before]. 'Did not hit head.' No injury noted... Was on floor by door to dining room."  2/12/11 at 11:20 A.M.: "Res found sitting on floor in dining room - didn't hit head...no c/os pain..."  On 2/16/11 at 12:30 P.M., during an interview with LPN # 1, she indicated Resident A was "up with her walker." LPN # 1 indicated the staff "escort her to meals."  4. On 2/16/11 at 8:45 A.M., during interview, LPN # 1 indicated Resident C required a wanderguard due to his dementia.  On 2/16/11 at 9:00 A.M., Resident C was observed being assisted by 2 CNAs ambulating out of the dining room. Resident C's gait appeared unsteady. CNA # 1 indicated, "He's not with it today."  The clinical record of Resident C was reviewed on 2/16/11 at 10:55 A.M. Diagnoses included, but were not limited to, Dementia.  The most recent Service Plan, dated 7/14/10, indicated, "...Are you able to use the bathroom independently? No...Do you use any type of assistive device for mobility? No...Do you have trouble recalling the day, date, time, or where you are located? Yes...."  A Mobility Management Planning Tool, dated 10/14/10, indicated: "Has resident fallen in the past ninety days? No...Does resident exhibit poor coordination, difficulty walking, instability, weakness, dizziness, difficulty rising from chair or bed, foot pain or discomfort, or urinary urgency or	R 217		

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R 217	Continued From page 8  incontinence? No. Does resident exhibit confusion or dementia? Yes. Does resident have poor vision or wear bifocals, trifocals or varifocals? Yes. Does resident have other risks for falling? No."  Resident Service Notes included the following notations:  10/30/10 at 4:30 P.M.: "Family member - sister reported to the nurse Res was on the phone after lunch talking to wife - reportedly fainted while on phone...Res to [name of hospital] for eval. Res returned to facility, noted changes [with] medications..."  1/4/11 at 2:00 A.M.: "Heard thud from 1st floor - found res. lying flat on floor [with] numerous objects laying around."  1/4/11 at 4:00 P.M.: "Res back from MD [with] family down in DR [dining room] for evening meal...bruise on [left] side forehead, bump on back of head. Will cont [continue] to monitor."  A Physician's Note, dated 1/4/11 at 1:45 P.M., indicated, "...Fell this morning at the assisted living where he resides. There is mentions of head trauma...Has been in worsening condition in term of cognition/tremor and confusion...Plan: Falling with reported head trauma in patient with progressive dementia and declining motor function thought to represent some parkinsonism features...With this continuing deterioration: needs nursing home as assisted living environment is not safe for him...."  A Nursing Comprehensive Evaluation, dated 1/14/11, indicated the resident had impaired memory and Dementia, and	R 217			

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	<p>"Anxiety/Anger/Agitation." The evaluation indicated the resident was occasionally incontinent, had weakness, and "[no] issues."</p> <p>The most recent Mobility Management Planning Tool, dated 1/14/10 [sic], indicated: "Has resident fallen in the past ninety days? Yes. If so, ask about the cause of the fall(s) to see what interventions might apply. If resident has fallen more than once, look for patterns in time of day or circumstances of falls... Does resident exhibit poor coordination, difficulty walking, instability, weakness, dizziness, difficulty rising from chair or bed, foot pain or discomfort, or urinary urgency or incontinence? Yes. Does resident exhibit confusion or dementia? Yes. Does resident have poor vision or wear bifocals, trifocals or varifocals? Yes. Does resident have other risks for falling? [Left blank]."</p> <p>A "Folstein Mini-Mental Status Examination," dated 1/14/11, indicated the resident scored a 4 out of a possible 30 ["10 or less Severe Deficit"].</p> <p>A Resident Service Note, dated 2/5/11 at 4:10 P.M., indicated, "Res was in dining room tried to sit in chair at missed. Didn't hit head - [no] apparent injuries...Will monitor."</p> <p>On 2/16/11 at 12:30 P.M., during an interview with LPN # 1, she indicated Resident C was "up and lib." LPN # 1 indicated the resident had Dementia, and was sometimes more lethargic in the morning, and that may have been why 2 staff members were assisting him that morning. LPN # 1 indicated the resident had recently been started on Risperdal, which may have been making him more lethargic, and she would notify the physician of that.</p>				

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R 217	Continued From page 10  5. On 2/16/11 at 2:45 P.M., during the exit conference, the Corporate Administrator indicated the fall risk interventions may have been located on the facility's "short term monitoring forms." The Corporate Administrator asked the Administrator and LPN # 2 where those forms would be, and neither knew. Staff member # 3 indicated a binder that contained "Short term monitoring" forms. The forms included the residents who had fallen and the dates of the falls, but the section of the form which indicated "Interventions" was left blank. The Corporate Administrator indicated the facility should have filled the intervention section out. The Corporate Administrator indicated interventions should also have been on the service plans.	R 217		
R 248	410 IAC 16.2-5-4(f) Health Services - Deficiency  (f) The facility shall have available on the premises or on call the services of a licensed nurse at all times.  This RULE is not met as evidenced by: Based on interview and record review, the facility failed to ensure a licensed nurse was on call to respond to the report that a resident had fallen during the night, for 1 of 3 residents reviewed for falls, in a sample of 4. Resident D  State findings include:  1. On 2/16/11 at 9:55 A.M., the Administrator provided a 1 week nursing schedule. The schedule indicated a nurse was not present in the building from 8:00 P.M. until 6:00 A.M. The schedule did not indicate any nurses were "on-call" during this time.	R 248	Citation #2 R248 410 IAC 16.2-5-4 (f) Health Services  What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? No residents were found to be affected.  How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? No other residents were found to be	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  004903	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  R-C 02/16/2011
NAME OF PROVIDER OR SUPPLIER  BELL OAKS TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 4200 WYNTREE DR NEWBURGH, IN 47630		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 248	Continued From page 11  2. The clinical record of Resident D was reviewed on 2/16/11 at 11:15 A.M.  Resident Service Notes included the following notations:  2/12/11 at 1:45 A.M.: Resident found on floor by beside [sic]. Had [no] complaints or injuries. Contacted [name of marketing director]."  On 2/16/11 at 11:50 A.M., the Administrator was interviewed. She indicated she had been at the facility for approximately 2 weeks, and there was not a current "Wellness Director," or Director of Nursing. The Administrator indicated neither herself nor the marketing director was a nurse. The Administrator indicated the GNA should not have called the marketing director, and staff was informed to call the Administrator during the evening and night shift. The Administrator indicated she then would call a nurse. The Administrator indicated she did not have a schedule of nurses on call, but 2 different nurses had told her that she could "try to call them." The Administrator indicated if neither of those nurses were available, she would call the Corporate Regional Nurse.	R 248	What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Residence is currently actively seeking to fill the Wellness Director position at Bell Oaks Terrace. The Regional Director of Quality and Care Management is currently taking calls regarding clinical situations that would warrant consultation with a licensed registered nurse for direction and intervention if deemed necessary. Staff have been re-educated to our Assisted Living Decision Tree as to our reporting requirements regarding situations that would require consultation with the Regional Director of Quality and Care Management and/or the Wellness Director.  How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Regional Director of Quality and Care Management will conduct regularly scheduled site visits as well as three conference calls with the Residence Director, Wellness Director, and/or Designee to ensure continued compliance with R248 410 IAC 16.2-5-4 (f) Health Services. Findings will be reviewed and corrected through our QA process.  By what date will the systemic changes be completed? Compliance Date: 3/31/11		

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